## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke under 37 CFR 3	all previous powers of att .73(b).	orney given	in the applicati	on identifie	ed in the attached	d statement
I hereby appoint	•	_				
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OR			65643			
	r(s) named below (if more than t	an nated hear	dilionare are to he r	amed then s	a customer number n	nust he used).
Placedone	(s) named below (ii more than i	en patern prac	anoners are to be t	enticu, their c	Costolites (latility)	(05) 25 2004).
	Name	Registration Number		Nar	ne	Registration Number
any and all patent a	jent(s) to represent the undersign applications assigned only to the in accordance with 37 CFR 3.	undersigned :	United States Pate according to the US	ent and Trade PTO assignment	emark Office (USPTC nent records or assig	) in connection with nment documents
			.15 . 1			(/-)
	correspondence address for the	application id 1	entified in the attac	ned statemer	it under 37 CFR 3.73	(a) to:
The address associated with Customer Number: 65643						
		Į				
OR						
Firm or individual	Name	٠				
Address	Name					The state of the s
City		State	i i	Zip		
Country						
Telephone				Emall		
Assignee Name an	d Address:					
	Ar	ana Phar	maceuticals	. Inc.		
6166 Nancy Ridge Drive						
San Diego, California 92121						
		,				
A copy of this for	m, together with a statement	statement un	der 37 CFR 3.73(	b) may be	completed by one	ed to be filed in each
application in what appointed in this	form if the appointed practich this Power of Attorney is t		utnorized to act (	on behalf o	f the assignee, an	
application in what appointed in this	form if the appointed prac	o be filed.	<del></del>		f the assignee, an	
application in whappointed in this application in wh	form if the appointed prac	o be filed. SIGNATURE	of Assignee of Re	cord		d must identify the
application in whappointed in this application in wh	s form if the appointed practich this Power of Attorney is t	o be filed. SIGNATURE	of Assignee of Re	cord prized to act o		d must identify the
application in whappointed in this application in wh	form If the appointed practich this Power of Attorney is the individual whose signature	o be filed.  SIGNATURE and title is sup	of Assignee of Re	cord prized to act o	on behalf of the assig	d must identify the

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.